Camp Promise Application Form

Complete and return to:

501 McCaffery Rd, Bigfork, MT 59911

(Must be received by May 1st)

Office Use Only:
Date Rec'd _____
Phys Rec'd _____
Amt Rec'd _____

Personal Information

Applicant's Full Name _____

Mailing Address _____
Street/Number/PO Box City/State Zip

Phone Number _____ Date of Birth: _____ Age: ____ __Male/ __Female

E-Mail Address _____ Previous Camp Experience _____

Applying for: ☐ Day Camp 1 ☐ Day Camp 2 ☐ Overnight Week 1 ☐ Overnight Week 2

*Spaces reserved on a first-come basis. See website or call for dates. *

Legal Guardian's Name _____ Phone Number _____

Mailing Address _____

Employer _____ Work Phone Number _____

Relationship to Applicant _____ Cell Phone Number _____

Emergency Contact Name (**Other than legal guardian**) _____

Phone Number _____ Relationship to camper _____

Disability History and Condition

Primary Disability _____

Secondary Disability (If applicable) _____

School Placement (Check one) ___ Graduated ___ In School Grade: _____

Reading / Writing Skills (Check one) ___ No Skills ___ Sight words only ___ At Grade Level: _____

Daily Living Activities

Dressing (Describe any assistance needed) _____

_____

_____

Speech / Communication (Describe any assistance needed) _____

_____

_____

Eating (Describe any assistance needed) _____

_____

_____

Bathing / Grooming (Describe any assistance needed) _____

_____

_____

Daily Living Activities Continued

Toileting (Describe any assistance needed) _____

_____

_____

Swimming (Describe skills and any assistance needed) _____

_____

_____

Equipment (List any equipment used and assistance needed) _____

_____

_____

Walking (Describe any assistance needed) _____

_____

_____

Arm / Hand Use (Describe any assistance needed) _____

_____

_____

Vision (Describe any assistance needed) _____

_____

_____

Hearing (Describe any assistance needed) _____

_____

_____

Rest / Sleep (Describe any routines or assistance needed) _____

_____

_____

Top bunk allowed? _____ Side rail needed? _____

Socialization (List hobbies and describe peer relationship skills) _____

_____

_____

Behavior (List any potential behavior problems or situations that frustrate and describe what reinforcements or diversions are effective)

_____

_____

_____

_____

_____

Health History

Physician Name: _____ Physician Phone: _____

All Immunizations are up to date: □ Yes □ No

Please mark the following illnesses which you have had or have been vaccinated for.

____ Aids	____ Appendicitis	____ Asthma
____ Bronchitis	____ Chicken Pox	____ Diabetes
____ Diphtheria	____ Epilepsy	____ Fainting Spells
____ Heart Issues	____ Heart Trouble	____ Hepatitis
____ Hernia	____ HIV Positive	____ Measles, German Rubella
____ Measles, Hard Rubella	____ Mumps	____ Pneumonia
____ Polio	____ Rheumatic Fever	____ Scarlet Fever
____ Tonsillitis	____ Tuberculosis	____ Typhoid Fever
____ Whooping Cough	____ Other: _____	

Health History Notes: (Please provide additional pertinent information regarding the above medical history.)

_____

_____

_____

Seizures (Frequency, duration, observable behavior, etc., if applicable) _____

_____

Describe any recent illness, injury or surgery _____

_____

For female applicants – Describe symptoms of menstruation and assistance needed, if applicable _____

_____

General Allergies: (Please check all that apply)

____ Acetaminophen	____ Amoxicillin	____ Bee Stings
____ Cat or Dog	____ Grass	____ Ibuprofen
____ Latex	____ Mold	____ Penicillin
____ Pollen	____ Other: _____	

Food Allergies: (Please check all that apply)

____ Dairy	____ Eggs	____ Fish or Shellfish
____ Gluten	____ Legumes	____ Peanut
____ Pork	____ Soy	____ Tree Nuts
____ Other: _____		

Notify Camp Promise immediately if applicant is exposed to any communicable disease during the three weeks preceding their camp stay. Only medications listed on the physician's form or authorized by the camp physician will be administered at camp. All medications must be brought to camp in the original prescription bottle.

Parent Authorization (This page must be completed for camp attendance.)

* I grant Big Sky Bible Camp permission to use camp photographs and/or video of my child for camp promotion and publicity.
* I give permission and consent for my child to be transported in a vehicle and/or boat with the understanding that the vehicle/vessel will be driven by a trained and qualified Big Sky Bible Camp staff member for the purpose of some camp activities.
* I understand that Big Sky Bible Camp only carries secondary insurance for campers and that I will take primary responsibility for any charges occurring in the event the camper named above should need any medical attention at any clinic, facility, or hospital.
* The undersigned, intending to be bound hereby, realizing it is the camp's desire to give each camper a safe and beneficial stay, and realizing each camper is covered by

a reputable insurance plan, releases forever Big Sky Bible Camp and all individuals associated therewith, from any and all liability for any injury or damage (including all claims and liability for damage resulting from injuries received from bee or hornet stings and any other insect bites) which may be sustained by the undersigned and/or child of undersigned or property of the same at or in transit to or from any camp conducted activity or under the auspices of Big Sky Bible Camp.
* I hereby give permission for the release of pertinent medical information regarding my child to all appropriate Big Sky Bible Camp staff.
* IN CASE OF EMERGENCY, I hereby give permission to the medical staff selected by the camp to hospitalize, secure proper treatment for and to order injection or surgery for my child as named above.

Signature of Parent/Guardian_____Date_____

Printed name of Parent/Guardian_____